## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000098061

Address:

City-St-Zip:

8898-1 BLOUNT ISLAND BLVD

JACKSONVILLE, FL 32226 US

Entity Name: ITL TRANSPORTATION, INC

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8998-1 BLOUNT ISLAND BLVD JACKSONVILLE, FL 32226 **Current Mailing Address: New Mailing Address:** 8998-1 BLOUNT ISLAND BLVD JACKSONVILLE, FL 32226 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEGLER, MITCHELL W 300A WHARFSIDE WAY JACKSONVILLE, FL 32226 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition PATCH, GLENN R Name: Name: 8898-1 BLOUNT ISLAND BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition SAIN, BERNARD S Name: Name: 8898-1 BLOUNT ISLAND BLVD Address: Address: JACKSONVILLE, FL 32226 US City-St-Zip: City-St-Zip: Title: Title: VP/S ( ) Delete () Change () Addition LEGLER, MITCHELL W Name: Name: 300A WHARFSIDE WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: Title: **VPAS** () Delete Title: () Change () Addition SAIN, JASON A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GLENN R. PATCH PTD 04/30/2007